

**NELSON COUNTY PARKS & RECREATION
YOUTH ATHLETIC REGISTRATION FORM**

P.O. BOX 442 LOVINGSTON, VA 22949

434.263.7130 FAX 434.263.6022

Form MUST be at the NCPR office before registration deadline

Basketball 2018
\$35/person before
Nov 21
\$45 after Nov 21

SPORT: _____ PRACTICE SITE: _____

NAME _____ MALE _____ FEMALE _____

AGE _____ DATE OF BIRTH ____/____/____

YEARS OF EXPERIENCE: _____ SCHOOL: _____ GRADE: _____

CIRCLE SHIRT SIZE : **YOUTH** - small med large **ADULT** - small med large x-large xx-large
(6-8) (10-12) (14-16) (34-36) (38-40) (42-44) (46-48)

MEDICAL INFORMATION: Does your child have any special needs, physical limitations, allergies, or medications? Please list:

MOTHER/GUARDIAN: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____ Send: ☐ Just this sport info ☐ Any NCPR info

EMERGENCY CONTACT (other than parent): NAME _____ PHONE _____

List SIBLINGS that are in the SAME AGE group: _____

We need volunteers, please circle where you can help:

1. COACH 2. ASSISTANT COACH 3. TEAM PARENT 4. REFEREE 5. TEAM SPONSOR (\$150)

*****In the event of illness or injury to my child, which in the judgment of the NCPR staff & volunteers requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad. I agree to be responsible for all expenses that arise out of such actions.

I hereby release the NCPR, The County of Nelson, and/or the Nelson County Public Schools from any and all claims I may have for all personal injuries my child may incur by participating in this program. I understand the County does not provide insurance & that I am responsible for any expenses for injuries.

I give my permission for my child to be photographed. Pictures may be used for promotional purposes by Nelson County, Virginia

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Form 7/23

Payment: _____ CASH _____ CHECK # _____ REC. # _____ NCPRD STAFF